

State of Georgia  
Department of Revenue

## STATEMENT OF FINANCIAL CONDITION FOR INDIVIDUALS

(If additional space is needed,  
attach separate sheet)

**The information provided in this statement must include all household employment, assets, liability, income and expense.**  
**Spouse and dependent information are required although only one person may be liable for the tax.**

### SECTION I – PERSONAL INFORMATION

1. Taxpayer's Name(s) and Residence Address	2. Daytime Phone Number	3. Marital Status (Check One) [ ] Single [ ] Married [ ] Separated [ ] Divorced
	4. Social Security Number	5. Date of Birth
	Taxpayer	Taxpayer
	Spouse	Spouse
How long at this Address? __Yr __Mo Do you own [ ] or rent [ ] ?		
6. Previous Address If At Current Address Less Than 2 Years	7. Income Tax Return Information	
	A. Year of Last Filed Federal Income Tax Return _____	
	B. Federal Adjusted Gross Income From Last Return \$ _____	
	C. Year of Last Filed Georgia Income Tax Return _____	

### SECTION II – EMPLOYMENT INFORMATION

8. Taxpayer's Employer or Business – Name and Address	9. Employer Phone Number	10. Occupation
	11. Length of Employment	12. Work Relationship
	Years _____ Mo. _____	[ ] Employee [ ] Proprietor [ ] Partner [ ] Officer
13. Spouse's Employer or Business – Name and Address	14. Employer Phone Number	15. Occupation
	16. Length of Employment	17. Work Relationship
	Years _____ Mo. _____	[ ] Employee [ ] Proprietor [ ] Partner [ ] Officer
18. Taxpayer's Part-time or Previous Employment in Last Three Years	19. Spouse's Part-Time or Previous Employment in Last Three Years	
Employer's Name	Employment Dates	Employer's Name
	To	
	To	
	To	
	To	
20. Have your wages or salary been garnished within the previous three years?		Taxpayer [ ] Yes [ ] No Spouse [ ] Yes [ ] No

### SECTION III – DEPENDENT INFORMATION

21. Dependent Name (Other Than Spouse)	Date of Birth	Relationship	Monthly Income
			\$

**SECTION IV – ASSETS**

<b>22. Cash</b>					<b>TOTAL (Enter also on Page 3, Item 30-A)</b>		<b>\$</b>		
<b>23. Bank or Credit Union Accounts (Checking, Savings, Certificate of Deposit, etc.)</b>									
<b>Name of Institution</b>			<b>Account Number</b>		<b>Type of Account</b>		<b>Balance</b>		
							\$		
<b>TOTAL (Enter also on Page 3, Item 30-B)</b>							<b>\$</b>		
<b>24. Bank Credit Cards (Visa, MasterCard, Discover, American Express, etc.)</b>									
<b>Name of Issuer</b>			<b>Account Number</b>		<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Credit Available</b>		
					\$	\$	\$		
<b>TOTAL (Enter also on Page 3, Item 30-C)</b>							<b>\$</b>		
<b>25. Securities (Stocks, Bonds, Mutual Funds, IRA, Government Securities, Money Market Funds, etc.)</b>									
<b>Type</b>		<b>Issuer</b>				<b>Quantity or Denomination</b>	<b>Current Value</b>		
							\$		
<b>TOTAL (Enter also on Page 3, Item 30-D)</b>							<b>\$</b>		
<b>26. Real Property (Personal Residence, Vacation or Second Home, Investment Property, Unimproved Land, etc.)</b>									
<b>Description</b>		<b>Address</b>			<b>Current Market Value</b>	<b>Amount Owed</b>	<b>Equity In Property</b>		
					\$	\$	\$		
<b>TOTAL (Enter also on Page 3, Item 30-E)</b>							<b>\$</b>		
<b>27. Vehicles – Excluding Leased Vehicles (Including Motorhomes, Campers, Motorcycles, Boats, Trailers, etc.)</b>									
<b>Description</b>		<b>Make</b>	<b>Purchase Date</b>	<b>Year</b>	<b>Tag Number</b>	<b>Current Market Value</b>	<b>Amount Owed</b>	<b>Equity In Vehicle</b>	
						\$	\$	\$	
<b>TOTAL (Enter also on Page 3, Item 30-F)</b>							<b>\$</b>		
<b>28. Other Assets</b>									
				<b>Current or Appraised Value</b>				<b>Current or Appraised Value</b>	
<b>Notes Receivable</b>				\$		<b>Timber, Mineral or Drilling Rights</b>		\$	
<b>Cash Surrender Value of Life Insurance</b>						<b>Patents or Copyrights</b>			
<b>Judgments or Settlements Receivable</b>						<b>Other (Specify)</b>			
<b>Vested Retirement Account</b>									
<b>Collectables, Antiques or Artwork</b>									
<b>TOTAL (Enter also on Page 3, Item 30-G)</b>							<b>\$</b>		

## SECTION V – LIABILITIES

### 29. Liabilities (Do Not Include Any Mortgages or Vehicle Loans)

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Other Taxes	\$
Installment or Personal Loans		Vehicle Lease: Make _____ Yr _____	
Education or Student Loans		Vehicle Lease: Make _____ Yr _____	
Bank Revolving Credit		Other Liabilities:	
Judgments Payable			
Past Due Federal Taxes			
Past Due State Taxes			
TOTAL (Enter also on Page 3, Item 31)			\$

## SECTION VI – NET WORTH CALCULATION

### 30. Assets

A. Cash	\$
B. Bank or Credit Union Accounts	
C. Bank Credit Cards	
D. Securities	
E. Real Property	
F. Vehicles	
G. Other Assets	
Total Assets	\$
31. Liabilities	\$
32. Net Worth ("Total Assets" Minus "Liabilities")	\$

## SECTION VII – OTHER INFORMATION

### 33. Are you currently in filing compliance with all Georgia taxes?

☐ Yes ☐ No If "No", identify tax type and period: \_\_\_\_\_

### 34. If the tax liability was incurred in the operation of a business, has the business been discontinued?

☐ Yes ☐ No ☐ N/A If "Yes", date discontinued: \_\_\_\_\_

### 35. Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?

☐ Yes ☐ No If "Yes", identify: \_\_\_\_\_

### 36. Is a foreclosure proceeding pending on any real estate that you own or have an interest in?

☐ Yes ☐ No

### 37. Is anyone holding any assets on your behalf?

☐ Yes ☐ No If "Yes", identify: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 38. Are you a party to any lawsuit now pending?

☐ Yes ☐ No

### 39. Is there a likelihood that you will receive an inheritance within the next four years?

☐ Yes ☐ No If "Yes", from whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

### 40. Have you previously petitioned the Department of Revenue for an offer in compromise for any tax liability?

☐ Yes ☐ No

### 41. Are you or any business that you own currently under bankruptcy court jurisdiction?

☐ Yes ☐ No Bankruptcy Case No.: \_\_\_\_\_

<b>SECTION VIII – INCOME &amp; EXPENSE ANALYSIS</b>				
<b>42. Monthly Household Disposable Income</b>				
Gross Monthly Income			Monthly Living Expenses	
Source	Taxpayer	Spouse	Source	Amount
Salary, Wages, Commissions, Tips	\$	\$	House or Rent Payment	\$
Self-Employment Income			Income Taxes (Federal, State, FICA)	
Pensions, Disability & Social Security			Estimated Tax (If Applicable)	
Dividends & Interest			Groceries	
Gift or Loan Proceeds			Medical Expenses & Prescriptions	
Rental Income			Utilities:	
Estate, Trust & Royalty Income			Electric \$_____ + Gas \$_____	
Workers' Comp. & Unemployment			+ Water \$_____ + Phone \$_____ =	
Alimony & Child Support			Insurance:	
Other (Specify)			Life \$_____ + Health \$_____	
			+ Auto \$_____ + Home \$_____ =	
			Court Ordered Payment	
			Personal Loan Payment	
			Religious & Charitable Donations	
			Clothing & Personal Grooming	
			Entertainment & Recreation	
			Legal Fees	
			Transportation Expense	
			Vehicle Loan Payment	
			Vehicle Lease Payment	
			Property & Ad Valorem Taxes	
			Child Care	
			Installment & Credit Card Payments	
			Tuition Payment	
			Other (Specify)	
Subtotal	\$	\$		
Combined Monthly Income		\$	Total Monthly Living Expenses	
			\$	
<b>43. Net Monthly Household Disposable Income ("Combined Monthly Income" Minus "Total Monthly Living Expenses")</b>				\$
<p>I/we have examined this Statement of Financial Condition for Individuals and hereby affirm that to the best of my/our knowledge and belief, it is true, correct and complete.</p> <p>Taxpayer's Signature _____ Date _____</p> <p>Spouse's Signature _____ Date _____</p> <p>POA Signature _____ Date _____</p> <p style="text-align: center;">(Attach Power of Attorney - Use Department of Revenue Form RD-1061 Only)</p>				